



EXPRESS MAIL CERTIFICATE

"Express Mail" Label No. : EV 740 532 885 US
Serial No. : 10/718,955
Applicant(s) : Clayton H. Johnson et al.
Filing Date : November 21, 2003
Title : ***HISTOPLASMA CAPSULATUM CHITIN SYNTHASE SEQUENCES AND THEIR USE FOR DETECTION OF HISTOPLASMA CAPSULATUM AND HISTOPLASMOSIS***
Examiner : Bausch, Sarae L.
Group Art Unit : 1634
Type of Document(s) : Express Mail Certificate;
Transmittal Form;
PTOL-85/B – Issue Fee Transmittal Form (*in duplicate*);
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Date Mailed: March 26, 2007

Debbie K. Cooke (signature)
Debbie K. Cooke

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



Total Number of Pages in This Submission

Application Number	10/718,955
Filing Date	November 21, 2003
First Named Inventor	Clayton H. Johnson et al.
Art Unit	1634
Examiner Name	Bausch, Sarae L.
Attorney Docket Number	55474-294389

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): See Remarks
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Kilpatrick Stockton LLP		
Signature			
Printed Name	Cynthia B. Rothschild		
Date	March 26, 2007	Reg. No.	47,040

CERTIFICATE OF TRANSMISSION/MAILING

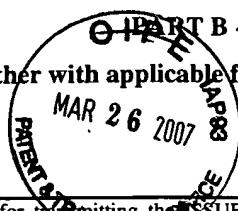
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03 27 07
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7590 01/05/2007

Cynthia B. Rothschild, Esq.
Kilpatrick Stockton LLP
1001 West Fourth Street
Winston-Salem, NC 27101-2400
03/27/2007 RMEBRAH1 00000065 10718955

01 FC:2501 700.00 OP
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/718,955	11/21/2003	Clayton H. Johnson	40715/294389	4433

TITLE OF INVENTION: HISTOPLASMA CAPSULATUM CHITIN SYNTHASE SEQUENCES AND THEIR USE FOR DETECTION OF HISTOPLASMA CAPSULATUM AND HISTOPLASMOSIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	04/05/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
BAUSCH, SARAEL		1634	435-006000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Kilpatrick Stockton LLP 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Board of Trustees of the
University of Arkansas

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Little Rock, AR

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge ~~any deficiency~~ any deficiency, or credit any overpayment, to Deposit Account Number 16-1435 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date March 26, 2007

Typed or printed name Cynthia B. Rothschild

Registration No. 47,040

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